PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, n	no persons are required to respond to a collection of information	ation unless it displays a valid OMB control number.
Officer the Caperine	Application Number	· ·

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

	offilation driess it displays a valid over definition	
Application Number		
Filing Date		
First Named Inventor	John Douglas Merrell e	al
Title Personal V	Video Message System	
Art Unit		
Examiner Name		ļ
Attorney Docket Number	PU020348	

Lhereby revoke all pre	evious powers of attorney given	in the above-ide	ntified applica	tion.		
I hereby appoint:						
Practitioners associated with the Customer Number: 24498						
OR		·				
Practitioner(s) name	d below:					
	Name		Registration	on Number		
				•		
				٠.		
				<u>-</u>		
					Had States Batest and	
as my/our attorney(s) or ag Trademark Office connecte	gent(s) to prosecute the application idea ed therewith.	ntified above, and to to	ansact all busine	ess in the Ur	nited States Patent and	
Please recognize or chang	e the correspondence address for the	above-identified appli	cation to:	•		
The address asso	ociated with the above-mentioned Cust	omer Number:		1		
<u></u>	sociated with Customer Number:					
Firm or Individual Nam	ne Thomson Licen	sing Inc.				
Address	Patent Operat	ions, P.O.	Box 531	2		
City	Princeton	State	NJ		Zip 08543-5312	
Country	USA	Fax	500 50			
Telephone	609-734-6811	l av	609-734	-6888		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form, FTO/\$b/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	MMul //	1111		Date	4 March 2005	
712						
Title and Company Sr. Patent Counsel, Thomson Licensing Inc.						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY THOMSON LICENSING S.A.

We,

THOMSON Licensing S.A..

46, Quai A. Le Gallo

F-92100 Boulogne-Billancourt

France

do hereby grant

Joseph S. Tripoli Senior Vice President Thomson Licensing Inc. Two Independence Way Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of 11 such, in the year 2004.

SIGNED

POWER OF ATTORNEY THOMSON LICENSING S.A.

THOMSON Licensing S.A. 46, Quai A. Le Gallo F-92100 Boulogne-Billancourt France

does hereby grant

Joseph J. Laks - Vice President Irwin M. Krittman - Vice President Harvey D. Fried - Manager Ronald H. Kurdyla - Manager Robert D. Shedd - Manager

Thomson Licensing Inc. Two Independence Way Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this _/7*

_day of March

SIGNED

Joseph S. Tripoli Sr. Vice President

Thomson Licensing Inc. and

Attorney In Fact for

THOMSON Licensing S.A.

WITNESS

Dayda Fornacotto

POWER OF ATTORNEY THOMSON LICENSING S.A.

THOMSON Licensing S.A. 46, Quai A. Le Gallo F-92100 Boulogne-Billancourt France

does hereby grant

Christine Johnson
Sr. Patent Counsel
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this

of March,

SIGNED

Joseph J. Laks

Vice President

Thomson Licensing Inc. and

Attorney In Fact for

THOMSON Licensing S.A.

WITNESS

Dawda "

EXPRESS EV 365516703US

Please type a plus sign (+) inside this box +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

■ Declaration Submitted With Initial

Filing

Declaration

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU020348
First Named Inventor	John Douglas Merrell et al.
COMP	PLETE IF KNOWN
Application Number	1
Filing Date	
Group Art Unit	
Examiner Name	· · ·

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, fi	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
PERSONAL VIDEO MESSAGE SYSTEM							
the specification of which (Title of the Invention)							
is attached hereto		•					
OR							
was filed on (MM/DD							
Application Number	and	was amended on (MM/DD	(YYYY)	(i	f applicable).		
I hereby state that I have revie specifically referred to above.	wed and understand the conte	ents of the above identified	specification, including	g the claims as ar	nended		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Foreign Filing Date Priority Certifie				Certified Copy	Copy Attached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
				. 🗖			
					•		
					-		
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
ApplicationNumber(s) Filing Date (MM/DD/YYYY)							
US 60/410,097	Sept. 12, 2002		numbers a a suppleme	provisional app re listed on ental priority da 2B attached her	ta sheet		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondance address below										
Name	JOSEPH S. TI	RIPOLI				<u>.</u>	·: _ ′			
Address	THOMSON MULTIMEDIA LICENSING INC.									
Address	PO Box 5312									
City	State ZIP									
PRINCETON	NJ 08543-5312							-5312		
Country			Telephone	Fax				Fax		
USA			609-734-6800				<u> </u>	609) 734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOL	E OR FIRST	NVENTO	DR:	. [A petition has be	een filed fo	or this u	unsigned inventor		
Given Name JOHN DOUGLAS Family Name MERRELL or Surname										
Inventor's Atracias mana 25 Sept 2003										
Residence: Cit			State	Country Citizenship				•		
NOBLESVILLE			IN	U	s/		US			
Mailing Addres	8									
Mailing Addres	s 7234	Oak Co	ve Lane, Noblesvil	le, In	diana 46060 US	6A				
City		State	. :	ZIP	IP Country			,		
NOBLESVILLE		IN		4606	o ·	US				
NAME OF SEC	COND INVENT	OR:			A petition has be	en filed fo	or this u	nsigned inventor		
Given 2-05 Name TIMOTHY JOSEPH Family Name TULLY, JR. or Surname										
Inventor's Signature / Suntay Joseph Tully 25 Sept 2003										
Residence: Cit				Country 46060				Citizenship US		
NOBLESVILLE										
Mailing Address 19910 Wagon Trail Drive, Noblesville, Indiana 46060 USA										
Mailing Address										
City		State			ZIP			Country		
NOBLESVILLE	IN IN				46060 US					
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										